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ABSTRACT

Intended for teachers and administrators in special education, the curriculum guide offers information on planning a health education program for trainable mentally handicapped children at the primary level. Sections preceding the actual guide include information on specific goals of and elements necessary for a successful health education program, the philosophy and implementation of a school health program, and a curriculum overview. Units are presented in outline form for the following topics: nutrition; sensory perception; dental health; health status and disease prevention and control; durgs, alcohol, and tobacco; mental health; family life; consumer, environmental, and public health; and safety and first aid. Each topical unit consists of five basic parts--overview and objectives (a brief orientation to the philosophy regarding the unit), concepts (necessary background material for behavioral change), content outline, learning and evaluative activities, and resources (including books, films, pamphlets, and games). (SB)

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HEALTH EDUCATION FOR SPECIAL CHILDREN

Curriculum Development Committee

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Dear Special Educators,

A comprehensive health curriculum is a must in the education of exceptional children. Excepting the three "R's", health is probably the most functional of the skills we can attempt to teach special children. Through coordinated efforts, from the primary level to the high school level, proper habits and attitudes can be developed.

When this curriculum guide is implemented, with the vigor characteristic of the Special Educators in our county, there is no doubt that this guide will help provide improved health education in our county and serve as a source of continuous and sequential health education planning. The teachers, however, who employ the guide in their everyday instruction will give the curriculum its ultimate test.

We appreciate the cooperation and coordination that has taken place to make the health curriculum a vital part of the Special Education program in Cortland County. The format in which the curriculum is presented is most useful and provides many ideas to teach content.

It is only through evaluation by those in the field that enables any curriculum to be fully and successfully implemented. Please feel free to contact us if you have any concerns, questions, or suggestions for improvement of the "Health Education for Special Children." This curriculum is a good beginning, but only a beginning to be refined as dictated by the experience of the teachers who utilize it.

Sincerely yours,

George E. Freebern

George E. Freebern, Director
Special Education

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Forward

Health Education For Special Children is the culmination of workshops funded by the Division of Drug and Health Education and Services, State Education Department, and sponsored by the Cortland-Madison BOCES. It reflects the concerted efforts of many persons. The knowledge and expertise of the individual curriculum developers/writers are most worthy of recognition.

This health curriculum guide for special education students is an outgrowth of the health education guides which were developed during the summer of 1974 for use in regular public school classes within this BOCES district.

The eventual mainstreaming of some handicapped children helped to govern much of the material included. Therefore, the activities in each unit were varied enough to provide for individual differences among pupils. The result has been that the content of the units written specifically for emotionally disturbed or learning disabled children, and educable mentally handicapped children was able to follow quite closely the content of the original guides. References should be made to the original guides, therefore, for additional related activities.

To the writing team's knowledge, this is the first comprehensive curriculum created with the special child in mind. It will provide the teacher with many ideas and resources. However, there is always room for modification and suggestions for improvement, any are welcomed.

Introduction

The specific goals of a health education program can be as many and varied as life itself. However, optimal health is dependent upon the interactions of knowledge, attitudes and behavior. The health education program should establish an approach to concepts, generalizations, understandings, facts, values and applications, basic skills, and decision-making processes which can serve as keys to good physical, mental, social, emotional, and spiritual well-being. All participants in the school health education program, including teachers and administrators as well as students, should be assisted in working towards:

1. Acquiring an understanding of his own physical, mental and social health.
2. Developing responsibility toward his own and community health.
3. Acquiring an understanding that the goals of good health result from individual practices and maintenance of those mental, physical, and social habits selected as desirable and good by society and the individual.
4. Acquiring an appreciation of the value of a healthful life.
5. Encouraging systematic development of individual human potential for health, growth and happiness.

These are certain elements necessary for success of a health education program that cannot be written into a curriculum guide. These essential elements come from within the individuals responsible for implementing and carrying out the program:

1. Commitment on the part of administrators and teaching staff to a belief in the value and potential of health education is most important.
2. In view of the definition of health in terms of its psychological, physiological, sociological aspects, there needs to be, more than in any other curriculum area, a willingness to work together and lend support in setting up and maintaining a good school health education program - one which is prevention-oriented and clearly above and beyond the minimal requirements for drug and health education as delineated in the Rules of the Board of Regents and the Regulations of the Commissioner of Education.
3. It is possible to improve the classroom experiences of health education students through sincere desire by all directly involved to utilize to the greatest advantage appropriate resources (including those of a human nature) and/or other quality teaching aids, materials and devices which are made available.
4. Support for the concept of student participation and involvement in their own learning is a most meaningful part of a sound health education program. Provision should be made for a diversity of learning approaches including extension of learning into multi-community settings.

A Statement on Philosophy of the School Health Program

Health is an integral aspect of every phase of life. Without health man cannot function effectively in his society. Health can, therefore, be considered not only biological, but psychological and sociological well-being as well.

The School Health Program, which includes all functions and services designed to promote the optimum health in each child, is a flexible blueprint aimed at assisting students in developing into independent, responsible adults. It would seem that no one, be it student or adult, can be independent and responsible unless he is equipped with the health necessary to be so; health that is, in part, imparted by knowledge and understanding of the forces which is for this reason that, with the guidance of State legislation and the local Board of Education, the School Health Program endeavors to supplement parental responsibility in this realm. The effective and flexible program must originate with the needs and interests of the individual. From this basis, it should continue to meet the needs of the family, community, nation, and the world...

As a result of imparted knowledge, understandings, and good health habits and attitudes, we would hope to kindle, promote, and help each child achieve a state of physical, social, emotional, intellectual and spiritual well-being that would be conducive to such academic learning as the student was capable of acquiring. In short, we aim at helping the student to "become all he is capable of being." This is based on the assumption that health, not being an end in itself, is a means to an end ---- a happy, fruitful life.

Implementation of a School Health Program

Whatever the organizational plan, the only significant test of its worthwhileness is the effect which it brings to bear on the total educational program or the opportunity which it affords children to learn.

When the School Health Program is being established or adjusted, certain guidelines or basic principles, if adhered to, will help to insure its success. These are as follows.

1. Develop it gradually rather than superimposing it abruptly.
2. Though idealistic in its announced goals, it is realistic in its current performance.
3. It fosters continuous communication between all school staff members.
4. Special facilities are at its disposal.
5. It is interwoven with the instructional program.
6. It brings its services to every student, not just to those in distress.
7. It plays an important role in the school's public relations program.
8. It is constantly engaged in a process of self-examination.
9. It insures a balance in services it offers pupils.

Once the program is ready to be established, there are certain general fundamentals which should be considered in its administration:

1. There should be centralized control to assure efficient and effective functioning of the total program.
2. Adequate budgeting of finances to provide necessary salaries, supplies, and equipment should be carried out.
3. There needs to be proper coordination of various divisions, departments, and areas.
4. Selection of teachers and health specialists should be based on the best qualifications for the particular school and community.
5. Allotment of sufficient time in the school curriculum for the health program to function effectively is a necessity.
6. Definite assignment of duties and responsibilities to teachers, health specialists, and administrative assistants is a must.
7. Organization of a health teaching program should be on a school-wide basis.
8. Consideration of legal provisions, state and local laws, and requirements pertaining to and affecting the School Health Program and pertaining to special children should not be neglected.
9. Provisions should be made for assuring maintenance of the school plant and facilities in a sanitary and hygienic manner.
10. Special measures are necessary to recognize and provide for individual physical, mental, emotional, and social differences of students.
11. Methods and plans for safeguaring the health of teachers, as well as of students, should be an integral part of the plan.
12. There should be constant and thorough evaluation of the total School Health Program.

Curriculum Overview

One area of study which is often lacking for special education students is that of health education.

The overall goal of this curriculum is to assist in developing individuals with the competency to function well in society and the ability to cope with the social, physical, emotional, intellectual, and spiritual dimensions of man. This goal seeks to aid in the discovery of self in relation to others in society and in the world and to implement the concept that decision-making is best where each individual has adequate information and experiences upon which to base his decisions. Decision-making is a cumulative process which results from a growing awareness of self and a growing awareness of the healthful alternatives which the health education process provides.

This guide is a vehicle for preventive education, acknowledging that a primary task of the school is development of positive self-concepts, helping students obtain control over their own lives, and maximizing their health potentialities. It offers a curriculum which helps each individual examine the meaning and value he desires health to have in his life and the life style he envisions necessary to implement his desires and values. It represents curriculum designed to fulfill personal needs and interests based on varied ability levels via being meaningful and relevant to students preparing to live healthful, productive and rewarding lives.

This rationale is based on concepts which provide for increasing levels of information and experiences related to physical, psychological, and social development as grade level increases. There is decreasing breadth, but greater concentration of information and experiences in various areas of health education and maturity levels increase providing a continuous and cumulative effect rather than a disjointed one.

Health Education should:

1. Represent a major part of a life-long educational process.
2. Exist for benefit of all students.
3. Represent a process that begins informally during pre-kindergarten years and continues throughout adulthood.
4. Involve total school/community efforts.
5. By its basic nature, revolve around developing a meaningful, satisfying and healthy life.

This particular guide represents one level of a planned, unified and comprehensive K-12 health education program for special children designed to:

1. Meet the needs of all students.
2. Be sequential, building on developmental tasks at each level.
3. Be flexible in order to facilitate implementation on a county-wide basis.
4. Include objectives and learning experiences for assisting in the decision-making process.
5. Be easily updated, due to its format, via replacement of pages upon their obsolescence.

Each topical area or unit consists of five basic parts:

1. Overview and Objectives
2. Concepts
3. Content Outline
4. Learning and Evaluative Activities
5. Resources

The unit overview gives a brief orientation to the philosophy regarding the unit. The outline of objectives reflects the cognitive, affective and psychomotor domains. They signify specific ways students should be able to think, feel, and act, after completion of the unit of study.

The concepts and supporting content outlines provide necessary background material for behavioral change. Coordinated with these are suggested resources and learning and evaluative activities from which student experiences may be selected in order to promote desired behavioral changes. These resources are not only for students, but also include materials which are too difficult for students' personal use, but valuable for teachers in the preparation of lesson plans.

Included among the resources are films which are usually listed with a reference to their Cortland-Madison BOCES number. To locate the producer/distributor, the teacher should consult the NIGEM Index of Films, which is available in most BOCES buildings or other film centers. Of course, any film or material must be previewed and carefully integrated with classroom activities in order to be of maximum effectiveness.

The curriculum guide contained herein is specifically designed to be descriptive and adaptable in order to allow for variations in school systems, teachers, classes and special education students. The teacher may not be able to expect students with certain disabilities to be able to spell correctly or write explanations, if at all, but by repetition as required the student should be able to learn eventually to pronounce and understand the important vocabulary words. The interaction of content and process in health education should lead to the development of problem-solving behavior which can be used flexibly and in a variety of situations. The goal, therefore, is to move as much as possible beyond fragmented and memorized information to the level where concepts are developed and internalized. To this end the teacher may want to draw upon activities from one unit to reinforce the objectives of another, or to use these activities as a point of departure in devising new ones.

Teachers need to be very flexible and ready to adapt the learning experiences to individual learning capabilities. Some of the students who may read and write very poorly can be expected to be very curious and verbalize fairly well regarding health topics presented.

Certain special education students, such as the educable mentally retarded and the trainable mentally retarded, may have very little ability to transfer learning. Words may have to be explained repeatedly in terms they can understand. Any audio-visual materials employed must be carefully screened prior to use and discussed after use to make certain the pupils understand the vocabulary and concepts presented. Emphasis should be placed on learning major concepts not facts that students won't be able to retain. The teaching techniques and extent or depth of coverage of material is governed to a considerable degree by the types and degree of handicaps of the children involved.

Remember that the mentally handicapped child or adult is not very different from any other human being. First, this individual is a human being, and only secondly does he have a handicap. His basic needs are as great as anyone else's, but his difficulties in learning, relating and coping may be greater. His behavioral manifestations may be inappropriate and because of this so-called negative behavior, his problems are great.

Teaching anything to those with learning problems requires special skills and understanding. Their needs are often more individually demanding; and it is usually more difficult to communicate with them. In preparing this guide, the writers were especially conscious of the tremendous range of special education students' abilities to learn. There are handicapped individuals who are barely distinguishable from the so-called "normal" members of society. And there are those whose handicaps are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing. The writers of this guide assume that the special education teachers using it already have an understanding of the similarities and differences of their students compared to those students without learning problems. Therefore, any reference to types and/or classifications of handicaps is generally avoided.

NUTRITION

OVERVIEW

Americans are among the fortunate few on earth who have enough of the right kinds of food so that all citizens can have a balanced diet. Unfortunately, a large proportion of the people do not take advantage of this opportunity. Many are ignorant of what constitutes an adequate diet. Others think that since their budget prohibits the buying of large quantities of meat, they must settle for a protein-deficient diet. Some are swayed by misleading advertising on television and radio.

Retarded children are particularly vulnerable to the bad eating habits which are wide-spread in this nation. A retarded child may find it difficult to see the relationship between good nutrition and physical health because the connections are complex and there may be a time lag between cause and effect.

The school's major nutritional concern is in the promotion of sound dietary habits. The challenge is to break the traditional boredom of memorizing nutrients in the food groups and move in the field of stimulating nutritionally-grounded experiences.

Eating wisely is essential for a happy and healthy life!

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate the understanding that good food, plenty of rest and exercises are important for healthy bodies.
2. Demonstrate a recognition of many different foods.
3. Develop desirable eating habits.

MAJOR CONCEPTS

1. It is important to eat many different foods.
2. Certain behavior while eating is important to enjoying and getting the most out of your meals.
3. Keeping food clean is important.
4. Food is good for you.
5. Some foods may be better for the body than others.
6. Different foods come from a variety of places.

CONTENT OUTLINE

I. What is Food?
   A. Need for water and food
   B. Different kinds of foods
   C. Where different foods come from

II. Food is Used for Pleasure
   A. Favorite foods
   B. Food as a part of pleasurable (happy) situations

III. Food is Used for Building
   A. Needed for growth
   B. Growth is at different rates

IV. People Eat Many Different Kinds of Food
   A. Eating a variety of different foods
   B. Various ways of eating foods
      1. Use fingers
      2. Use spoons
      3. Use forks

V. Importance of Keeping Food Clean
   A. Necessity for handwashing
   B. Using clean eating utensils
   C. Not sharing same piece of food with other people or pets

LEARNING AND EVALUATIVE ACTIVITIES

1. Observe growth of seeds and plants in soil.
2. Place grass seed in a sponge and add water.
3. Make a trip to the farm, pet store or zoo; ask farmer, store or zoo manager about foods the animals eat.
4. Discuss being hungry.
5. Bring in clothes from last year to try on.
6. Observe eating habits of pets.
7. Compare your food intake with infant or toddler brother or sister.
8. Discuss why one child may eat more than another (first grader, teacher, etc.).
9. Select one child weekly to set the table and help serve meals.
10. List foods that come from cows (milk, cheese, ice cream) and other familiar animals.
11. Have tasting and recognition exercises.
12. Color or paint simple shaped foods.
13. Visit a fruit and vegetable stand, bakery, dairy store, etc.
14. Have a play store using stand-up pictures or stock with empty cans and boxes. Shop for foods.
15. Demonstrate proper use of napkin at table. Discuss daily small bites, eating slowly, elbows on tables, cheerful conversation, use of utensils.
16. Discuss: Foods good for snacks.
17. Do some eating, smelling, tasting, cooking experiments with children to explore new possibilities in food.
18. Make butter, bread, jello, applesauce in the classroom.
19. Serve a good breakfast in the classroom.
20. Make grain collage.
21. Prepare simple meals together.
22. Printing with fruits and vegetables (cucumbers, peppers, oranges, potatoes, etc.).

23. Finger paint with instant pudding.

24. Make fruit juice ice cubes - melt and freeze.

25. Cut open fruits and vegetables and explore.

26. Make unusual combinations to taste - ie: celery and peanut butter.

27. Have the local Dairy Princess visit the classroom.

28. Cut out foods and paste on large paper table.

29. Matching games - orange juice with orange
eggs with fried eggs
peanut butter with peanuts
kernels with corn

RESOURCES

Books:

Eating - Project More, Edmark Company, available from SEIMC

The Good Foods Coloring Book, Consumer and Marketing Service, U.S. Department of Agriculture (Free)

Handwashing - Project More, Edmark Company, available from SEIMC

Filmstrip & Cassette:

Alexander's Breakfast Secret, BOCES #392-19

Kit:

It's Breakfast Time, BOCES #123-23

HEN:

Nutrition Materials, #HN-19 (includes games, coloring books, etc.)

Food Puzzles)
Place Setting Puzzles) Judy and Playschool Companies

Toy Cooking Utensils
Child Size Kitchen Furniture

SENSORY PERCEPTION

OVERVIEW

Our senses play a vital role in our communications with the world around us. To think for a few moments about the challenges which face a person born blind or deaf is to be almost overwhelmed by our dependence on sight and hearing. Yet a philosopher has said that it is touch which gives meaning to all the other senses, and touch which organizes all sensations. The sense of smell still reminds us, like our evolutionary predecessors, of danger. Taste adds pleasure to the vital function of eating.

Yet it is safe to say that no developmentally disabled child uses his senses as effectively as possible. Retarded children need help in tying their various sensations and perceptions together into meaningful constructs of reality.

The material in this unit relates to something which the student does every waking minute of every day - receive, process, and respond to sensations of the world around him. Increased awareness of and sensitivity to this dynamic interaction enriches all of life for the child.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify what our senses are and what they do for us.
2. Demonstrate proper care of the eyes and ears.
3. Cooperate in vision and hearing tests.
4. Demonstrate a willingness to wear glasses or any other aid if needed.
5. Show consideration of others who wear special aids or glasses.
6. Abide by safety rules for protecting eyes and ears from injury and infection.
   - Avoid placing fingers or other objects in eyes and ears.
   - Refrain from throwing objects that might injure eyes and ears.
   - Avoid looking directly at sun or other bright light.
   - Read or view TV in appropriate light.

MAJOR CONCEPTS

1. Most of our learning about the world around us is gained through our eyes and ears.

2. Healthy eyes and ears are important to our overall well-being and learning ability.

3. Screening tests provide a means of detecting vision and hearing difficulties.

4. Sharp or pointed objects, in particular, may injure delicate body parts such as eyes and ears.

5. Proper medical care of colds and other illnesses can prove helpful in maintaining healthy eyes and ears.

6. Proper lighting and viewing position can do much to avoid undue eye fatigue.

7. Small particles of foreign material which sometimes lodge beneath the eyelids require special attention and children should seek help from an adult in removing them.

8. Our nose helps us to smell as we breathe in air.

9. Blowing the nose properly is important to reduce the risk of damaging the middle and inner ear.

10. We taste with our tongues.

11. We can identify objects by touching.

CONTENT OUTLINE

I. A World to Know
   A. Our eyes and seeing
   B. Our ears and listening
   C. Our skin and touching
   D. Our nose and smelling
   E. Our tongue and tasting

II. Another Sense - Responsibility
   A. Safety and protection of our senses
   B. Care of the eyes and ears
   C. Participation in screening procedures

LEARNING AND EVALUATIVE ACTIVITIES

1. Talk about proper care of the eyes and ears and provide constant reminders of safe play behaviors.

2. Demonstrate how vision and hearing tests are given. Possibly have school nurse-teacher demonstrate the "E" game.

3. Demonstrate proper care of eyeglasses and hearing aids.

4. Make "color scopes" or color wheels for color awareness.

5. Demonstration of locations of the sense organs.

6. Have children tape-record their voices for recognition.

7. Touching game: (Objects with different textures and feels are presented to blindfolded child who guesses what he has touched.) Other versions of the above include the: Smelling game, Hearing game, Seeing game, and Tasting game. Differences must be obvious.

8. Blindfold child, place a 3-D shape (○□△) in child's hand. Have him match with same shape.

9. Have child facing large drawing of ○□△ . With your finger draw one of the shapes on his back. Have child identify shape drawn.

10. Provide simple visual memory activities using objects. For Example: Place familiar object on a table. Have children cover eyes and place object among assortment of dissimilar objects. Have child identify original object.

11. Simple Pattern Reproductions w/ 3-D objects.

12. Have students track a penny as you pass it from overturned cup to cup like a magician. Have them find the penny.

13. Find The Eraser. Have students put their heads down on their desks. Place eraser in visible spot. Children remain in seats and first to find eraser helps to hide it.

14. Have students follow a flashlight in darkened room for tracking.

15. Mystery Pictures. Place picture of familiar object in a manila envelope. Remove slowly for identification.

16. Have a blindman's lunch or snack.

17. Conduct hot and cold experiments, finger plays and movement activities.

18. Play Musical Chairs.

19. Go for a listening walk and talk about sounds you hear.

20. Make a tape of sounds of concrete objects. Have children identify w/ appropriate picture of object.

21. Blindfold child. Ring bell from a distance. Have child find you and bell.

22. Hide an electric timer. Have children find it.

23. Pin Tail on Donkey, or Nose on Clown, etc. using auditory clues (bell).

24. Use Peabody Language Development Kit Records for auditory recognition.

25. Use a paper towel tube as a "Whisper Tube". Have children repeat words and sounds.

26. Display a few very different objects. Allow children time to explore and discuss them. Have children turn around. Then drop one object. Have them identify.

27. Display familiar musical instruments. Play one behind child's body. Then have child find instrument and reproduce the sound.

28. Play Loud/Soft Discrimination Games.

29. Place a few objects in drawstring bag. Have child feel for and pick out an object you specify.

30. With two bags place identical objects in each (obvious tactual differences). Have children match same objects by touch.

31. Use various additives in fingerpaint for tactual experience and experimentation. Examples: (sawdust, sand, liquid soap, glue, paste, rice.)

32. Make a simple texture board (start w/ 2-3 samples). Blindfold child. Place left hand on a texture. Move right hand around texture board until child matches identical sample.

33. Have a "Mixing Party". Provide bowls, spoons and plastic squirt bottles. Provide flour, wheat paste, grains, viscous liquids, gravel for texture experimentation.

RESOURCES

Book:

My Five Senses, Aliki; Thomas Y. Crowell Co., New York, N. Y. 1962, 612 A

Kits:

Peabody Language Development Kit, P-K Sound Recognition Records; American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014 (Sounds around us, animal sounds, people sounds, household sounds, transportation sounds, etc.)

Perceptual Skills Curriculum, Gerome Rosner; Walker Educational Book Corp., 720 Fifth Avenue, New York, N. Y. 10019, 1973

Sesame Street Record, "I've Got Two Eyes."

DENTAL HEALTH

OVERVIEW

Even families who are responsible and conscientious may have difficulty enforcing habits which will promote good dental health in their children. It takes time and patience to foster the habits of frequent brushing, to insure regular visits to the dentist and to control the selection of food to supply nutritional needs.

Another problem to overcome in working for good dental health is the inefficiency with which most children clean their teeth. A toothpaste "for people who can't brush after every meal" is hardly the answer for a child who is careless in the method of brushing, who seldom or never brushes or who consumes sweet snack foods daily.

As is usually the case, for handicapped children the problems are multiplied. It is difficult, if not impossible, for a retarded child to see any relationship between the consumption of sweet foods or poor brushing habits and the subsequent necessity of dental repair. A retarded child also has less understanding of the importance of a good appearance in making friends and getting along with others; he does not understand that an unclean mouth with decayed or missing teeth is a handicap in itself.

Through education, a great number of these dental ills can be prevented or controlled. This unit will deal with the educational phase of dental health as it pertains to the child and his parents. Because dental health is known to affect the general health, appearance and social adjustment of an individual throughout his lifetime, the school can and should help to control dental disease, correcting defects and establishing good oral hygiene habits.

OBJECTIVES

Suggested Pupil Outcomes:

1. Develop favorable attitudes toward caring for the mouth and teeth reflected in habitually practicing good dental hygiene.
2. Practice preventative procedures for dental health including visiting the dentist, good oral care, and eating proper foods.
3. Demonstrate proper toothbrushing techniques.
4. Identify habits that adversely affect dental health.

MAJOR CONCEPTS

1. Teeth are important to us for many reasons.
2. Daily care is important to dental health.
3. Foods left between our teeth cause decay and the formation of cavities.
4. Regular visits to a dentist can help maintain healthy teeth.
5. Teeth are affected by the foods we eat.

CONTENT OUTLINE

I. Taking Care of Our Teeth
   A. Cavities are caused by improper care
   B. Brushing and how to do it properly
   C. Biting or chewing on foreign objects
   D. Thumb sucking, lip and tongue biting

II. Our Diet is Important for Healthy Teeth and Gums
   A. Foods for sound teeth
   B. Foods that cause tooth decay

III. Individuals Who Are Important in Dental Health
   A. Dentist
   B. Parents
   C. You

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss use of teeth for eating.

2. Display a collection of magazine pictures about dental health on bulletin board or arrange the room with pictures, models and objects pertaining to various aspects of dental health. (Dental tools, animal teeth, human teeth, tooth models - healthy and decayed, toothbrushes, etc.)

3. Display and discuss magazine pictures brought by children showing good and bad foods for teeth using a "Happy and Sad Tooth" chart. Use pictures of food (i.e. Peabody Language Development Kit) and sort out foods that are not good for teeth.

4. Make a table display called "using the right tools", have some things for which children should not use their teeth (bottle caps, nuts, etc.). Beside each one place a tool or picture of a tool that should be used.

5. Demonstrate with large set of teeth and toothbrush the proper way to brush teeth, including use and care of the toothbrush. Teacher should demonstrate brushing by:
   Using a large model brush and model of teeth, if available.
   Bringing own toothbrush and demonstrating - length of time, all teeth, and ways of brushing.
   Having each child bring his or her own brush and practice brushing properly - length of time, surfaces of all teeth.

6. Distribute toothbrushes and small tubes of toothpaste for all children to take home and use. (Often available free from major manufacturers.)

7. Make toothpowder in class. Students mix the following ingredients in the proportions indicated: 1 teaspoon salt, 2-3 teaspoons baking soda, and a drop or two of oil of peppermint, wintergreen or cinnamon. Have pupils take some home to use when brushing teeth.

8. Discuss the loss of primary (deciduous) teeth as a normal process unless there is tooth decay or an accident.

9. Have children share the experience of losing a tooth.

10. Discuss a new baby and the fact it has no teeth.

11. Make puppets and depict a visit to the dentist or invite a dentist or dental hygienist to visit class and explain services given by a dentist. Ask them to bring dental instruments.

12. Provide frequent sweetless snacks (celery and carrots, apples, popcorn, etc.).

13. Discuss the importance of regular brushing and visits to the dentist.

14. Use disclosing tablets for demonstration.

15. Color a toothbrush.

Poems:

"Teeth"
Some are big,
Some are small.
Others aren't there
At all!

"Brushing"
This is what we want to know -
Brush our teeth the way they grow.
Inside and out and on the top,
We brush them clean before we stop!

"But Then"
A tooth fell out
And left a space
So big my tongue
Can touch my face.

And everytime
A smile, I show
A space where some -
thing used to grow

I miss my tooth
As you can guess,
But then - I have to
Brush one less!

"Brush, Brush Your Teeth"
Brush, brush your teeth up to your gum
Don't you let the cavities come
Brush brush up
Brush brush down
Brush up - brush down.

"Wiggly Tooth"
Once I had a little tooth
That wobbled everyday;
When I ate and when I talked,
It wiggled every way.

Then I had some candy -
A sticky taffy roll.
Now where my wiggly tooth was -
Is nothing but a hole!

RESOURCES

Film:

Tommy's Healthy Teeth, BOCES #831-150, 11 minutes

Filmstrip:

"Ten Little People and Their Teeth", American Dental Association, Bureau of Dental Health Education, 211 East Chicago Avenue, Chicago, Illinois 60611

Filmstrips and Records:

"Your Mouth Speaking", 7 filmstrips, Walt Disney Educational Materials, Department F, 800 Sonora, Avenue, Glendale, California 91201

OVERVIEW

Evidence is mounting that physically fit persons lead longer lives, have better performance records, and participate more fully in life than those who are unfit. Physical fitness may be defined as "a quality which enhances all other human qualities." Studies have shown that physically fit students miss fewer classes, participate in more activities and have fewer emotional problems than other students. Physical fitness is an essential quality for anyone desiring to make the most of himself and life.

For the developmentally disabled child, the goal of physical fitness has even greater importance. For all children the first period of life is the one in which sense organs and muscle systems interact with the environment to provide a structure upon which more complex perceptual and intellectual functioning can grow. In the case of the student who is mentally retarded, this early period has not established a structure which is adequate. The child may lack basic concepts; he may lack the skills to process information from his sense organs.

A good healthy body can help the handicapped child interact more meaningfully with his environment. He is more mobile and better able to explore; he can manipulate large and small objects, and control and use tools. His/her active involvement with the things around him/her can help overcome weaknesses in the cognitive structure. He/she becomes better able to differentiate himself/herself from all that is not himself/herself; he gains a realistic image of his/her own body.

The school health education program can provide knowledge and understanding of basic health principles in order to develop desirable health attitudes and behavior for the promotion of physical fitness. Thus, each individual should learn to enjoy taking part in vigorous exercise appropriate to age and general ability.

Rather than presenting health and disease as mutually exclusive categories, they should perhaps be shown as part of a continuum which ranges from the feeling of vitality and well-being described above all the way to the cessation of life. Intermediate points along the way would represent various conditions of mental and physical well-being. The children can perhaps define their own intermediate points such as "being really tired," "having a bad cold," "having pneumonia," and so forth.

The teacher can then point out that health is a process which is carried on each day in which we work toward feeling our best; we do this work by eating the right foods, getting the proper amount of sleep, exercising, and learning to get along with other people.

OBJECTIVES

1. Determine the importance of physical exercise.
2. Determine the importance of personal cleanliness.
3. Develop partial independence in areas of personal cleanliness.
4. Cover mouth when coughing and sneezing.
5. Use tissue independently upon need.
6. Wash hands and face regularly and upon need.
7. Associate the need to go to the bathroom with the process.
8. Familiarize oneself with members of the school health team and their role in the total school program.
9. Communicate need for aid when ill.

MAJOR CONCEPTS

1. Personal health is significantly linked with personal habits.
2. Sleep, rest, and proper food are important for tomorrow's exercise and play.
3. Personal cleanliness is essential to health.
4. Exercise and play contribute to personal happiness, growth, strength, relief of fatigue, and making friends.
5. Healthy bodies are necessary for play activity.
6. Teachers, nurses, doctors, and other members of the school health team work together to help keep children healthy.
7. Parents and doctors help people when they feel sick.
8. It is important not to put dirty hands and objects in the mouth.
9. A friend can catch your cold and you can catch his/hers.
10. All children and adults should use a toilet when they have the need.
11. There are several portals of entry of disease germs into the body.

CONTENT OUTLINE

I. Our Health Can Be Measured
   A. Each person is different
   B. Health appraisals are part of our school program
      1. Medical check-over
      2. Seeing and hearing
      3. Teeth and gums
      4. How tall and how small

II. How to Keep Yourself Well
   A. Physical exercise and activity
   B. Clean body and clothes
   C. Clean, neat and safe surroundings
   D. Time for sleep, rest, relaxation, and play
   E. Eating good food

III. Introduction to the School's Health Team
   A. The teacher and the everyday classroom
   B. The school nurse-teacher and health status
   C. The doctor and his visits to school
   D. The dental health teacher and oral health

IV. Many Other Individuals Help Protect Us From Illness
   A. Parents and family members

V. Carriers of Disease
   A. Vectors such as man and animals
   B. Other vehicles such as soil, plants, food, water, and air

VI. Germs get into man's body through portals of entry such as the mouth, nose, and broken skin.

VII. Germs Are Spread by Contact - A child can catch your cold.
   A. Directly with an ill person
   B. Indirectly with the germs in secretions or discharges from sneezing and coughing of an ill person or animal.

VIII. There Are Several Habits Which Can Discourage the Spread of Disease
   A. Body cleanliness and handwashing
   B. Care in the use of personal items
   C. Proper toilet habits
   D. Drinking and eating precautions
   E. Covering mouth/nose when coughing/sneezing
   F. Proper use/disposal of paper tissues

LEARNING AND EVALUATIVE ACTIVITIES

1. Have school nurse-teacher visit class for a preparatory talk before physical appraisals, weighing and measuring, vision and hearing testing.

2. Have dental hygiene teacher come to class for preparatory talk before dental appraisal.

3. Activity: Perform strength building exercises and stunts.

4. Dramatize and illustrate safe and unsafe forms of play activities.

5. Provide relaxing activities and quiet periods at intervals.

6. Dramatize what happens when pupils do not get enough sleep.

7. Discussion of proper procedure for washing hands and face. Demonstrate and practice individually. Provide routines for handwashing before and after eating.

8. Discussion and demonstration of proper procedure for use of tissue or handkerchief when sneezing, coughing and blowing nose.

9. Practice daily bathroom and toileting routines.

10. Providing systematic behavior modification or similar programs for toilet training, handwashing, eating, and nose blowing.

11. Emphasize importance of using own straw, cup, utensils, toothbrush, etc.

12. Pantomine: preparation for school, washing face and hands, combing hair, and putting on clothes.

13. Play association games using objects and/or pictures to establish relationship between soap and handwashing, for example.

14. Use a charting system to reward children for following hygienic principles.

15. Play doctor. Have children bring sick dolls to be examined.

16. Make several boxes of tissues available at child's reach.

17. Play the "What's Wrong" game. For example, begin to wash your face without water, or pretend to sneeze without covering your mouth. Have children correct you and perform procedures correctly.

18. Provide mirrors so children can see for themselves that their faces are dirty or clean.

19. Display cleanliness posters using pictures and objects.

20. As a motivator, provide each child with his own soap dish and soap.

21. Wash your hands and face with the children. Make it a fun activity (children love soap and water).

RESOURCES

Film:

Clean and Neat with Harv and Marv, BOCES #831-403, 11 minutes

Scott Goes to the Hospital, BOCES #831-404, 11 minutes

Kit:

Project More - SEIMC, BOCES
- Handwashing
- Eating
- Toilet Training
- Nose Blowing

Demonstration of medical and hygiene materials:

Stethescopes	Tooth brush
Reflex hammers	Soap
Tongue depressors	Wash cloth
	Towels
	Mirrors
	Tissues

DRUGS, ALCOHOL AND TOBACCO

OVERVIEW

Teaching very young, severely limited children about the dangers of tobacco and other chemical substances is closely related to teaching safety in the home. Despite their tendency to imitate parental behavior, they must learn that the medicine cabinet is off limits; that cigarettes, cigarette butts and matches are forbidden; and that alcohol, like cleaning agents, furniture polish and bleach, is for use by adults only.

The primary trainable mentally retarded need to be taught simple, but basic rules with regard to chemical substances. They need to know enough to tell their parents or an adult when they are ill while recognizing that they're too young to take responsibility for medication. With this particular type of child the training in safety precautions must by necessity precede the concept development.

OBJECTIVES

1. Recognize common household substances, including alcohol, that are potentially dangerous.
2. Avoid all medications unless administered by an adult.
3. Understand that smoking is not healthy for young children.
4. Tell a responsible adult or parent when ill.

MAJOR CONCEPTS

1. Aspirin is not candy!
2. Medicines should be taken only if given by parents or a responsible adult.
3. An adult should be called immediately if any medicines, cleansers, etc. are accidentally swallowed.
4. Cleaning substances should not be swallowed or touched.
5. Many things that adults do i.e. smoking, drinking, taking pills, are not suitable for young children.
6. Spray cans are not toys.
7. Although parents may drink lots of coffee and tea, it is not generally good for growing bodies.

CONTENT OUTLINE

I. Household Items to be Avoided
   A. Drugs
      1. Aspirin
      2. Vitamins
      3. Medications
      4. Coffee, Tea
   B. Alcohol
   C. Cigarettes
   D. Cleaning Agents

II. Rules for Taking Medications
   A. Doctor's orders
   B. Only given by parents or responsible adults
   C. Reporting strange effects

LEARNING AND EVALUATIVE ACTIVITIES

1. Visit a drug store. Talk to the druggist. Investigate safety caps on medications.

2. Visit a grocery store. Point out dangerous household items. Discuss what these items are used for.

3. Show children poison labels so they will learn to identify them.

4. Explain to children what to do if they feel strange after taking an unknown or known substance.

5. Discuss rules for taking medicine.

6. Set a good example by keeping all dangerous items out of children's reach.

7. Using empty empty medicine bottles and cleaning containers, set up a safe kitchen arrangement in child size kitchen, if available.

8. Using pictures, sort dangerous and safe substances.

9. Using magazine pictures and posters, point out or have children point out dangerous items or habits for young children.

RESOURCES

Film:

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

Filmstrip and Cassette:

Drugs, Poisons and Little Children, BOCES #392-14, 15 minutes

MENTAL HEALTH

OVERVIEW

Mental health for the young handicapped child means the security of a strong sense of identity. This identity is based not only on knowing one's name, age, sex, address, family members and school associates but also on knowing how one feels and recognizes situations that elicit these feelings. Children should be helped to learn this information and encouraged to explore and express their emotions at an early age, so as to develop a keen sense of who they are.

Especially for the handicapped child, mental health means a positive yet realistic self image. A feeling of confidence from having met a challenge in the past is the best tool for approaching a new challenge in the future. In fact, growth and learning depend on the child's moving outside the limitations of his present experience to try new things. His concepts grow by integrating new sensations and perceptions with existing mental constructs of reality.

Young handicapped children are sometimes made to feel that they are not as good as non-handicapped children. When, in fact, they do learn more slowly and with more difficulty, how can they be given a feeling of success? One way is by comparing their present performance with their own past performance, rather than with the performance of any other child.

It is the responsibility of the teacher to help each child develop a positive self-concept and to help him express himself, however limited, in acceptable ways.

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate respect for himself and others.
2. Develop a concern for and interest in others.
3. Observe rules for living that make a happier and healthier life for all.
4. Develop and maintain satisfactory interpersonal relationships.
5. Identify himself/herself as a person of worth.
6. Demonstrate an awareness of different kinds of feelings - and different ways of expressing these feelings.

MAJOR CONCEPTS

1. Consideration of others' rights and property is important.

2. We have many different feelings which are part of life: sadness, loneliness, hate, fear, anger, love.

3. Our voice and actions reflect our feelings about ourselves and others.

4. Each individual, as a person, is very important.

5. Everyone is different. You can do certain things well, better than others; yet, some can do things better than you.

6. Working and playing together is part of growing up.

7. Good behavior is a part of growing up. Improving behavior tells others you are growing up.

8. Sharing helps to make the home and school a happy place.

9. It is natural to express the way we feel.

10. Some ways of expression are more acceptable than others.

11. It is important to talk to someone about things that bother you.

12. Just as people need food and water, people also need to love and be loved.

13. By the things we do and say we can make people happy, sad, angry, and lonely.

CONTENT OUTLINE

I. The Way We Feel
   A. About ourselves
      1. I am very important
      2. Many people care about me
   B. About others
      1. Every person is very important
      2. Caring about others

II. Kinds of Feelings
   A. Love
   B. Happiness
   C. Friendship/Caring
   D. Sadness
   E. Anger
   F. Loneliness
   G. Hatred

III. Expressing Feelings
   A. Talking about feelings is healthy
      1. Good feelings
      2. "Not-so-good" feelings
   B. Acceptable ways of expressing feelings
      1. Sharing vs. selfishness
      2. Concern vs. tattling
      3. Taking turns vs. insisting on being first
      4. Kissing and hugging
      5. Helping others
      6. Accepting failure, disappointment, frustration
      7. Joy and success

LEARNING AND EVALUATIVE ACTIVITIES

1. Tell about things you like to do.

2. Read stories that illustrate children in different behavior situations.

3. Make a list of desirable behavior practices, encourage weekly checking and ways to improve or change behavior that is difficult.

4. Talk about times you are happy - times that you are sad (or have other feelings). What causes you to feel this way?

5. Talk about what you can do when you feel upset. Discuss how you can help others when they are upset.

6. Discuss the many ways in which you can show kindness to others.

7. Teacher help children understand what is expected of them with others in classroom situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.

8. Demonstrate how our voice and facial expressions can reflect our feelings.

9. Discuss the differences between tattling and concern.

10. Draw a picture or make a booklet of pictures of things I like to do.

11. Discuss ways in which we can make living together in the classroom safer, more comfortable, friendlier, etc.

12. Discuss how children can help a new student in the classroom.

13. Discuss ways children can help the teacher and other children without having some specific job assigned to them.

14. Discuss what happens when duties are not carried out.

15. Bring some of your favorite things to school. Talk about them. (Encourage children to express their feelings associated with these favorite things.)

16. Take pictures of children helping each other and display.

17. Play happy and sad music and talk about the way it makes you feel.

18. Perform puppet play for children illustrating different feelings.

19. Provide sufficient opportunity for creative play and role-playing for children to explore feelings and reactions.

20. Have a "Make Someone Happy" Day!

21. Demonstrate caring for an injured animal. (Permit children to assist as much as possible.)

22. Play team games and sports which require children to practice interpersonal relationship skills - taking turns, being fair, displaying good sportsmanship, etc.

23. Use an electric timer to designate sharing or taking turn periods.

24. Have children, in front of a mirror, imitate happy, sad faces, etc.

25. Give children several people pictures depicting various emotions. Have them find the happy person, etc. Paste all happy pictures on tagboard. Repeat for other emotions.

26. Give children "special jobs" to help out.

27. Have a more able child help another child.

28. Make a "Good Friend and Helper" chart. Award a sticker or similar token each time you observe child performing a good deed.

29. Give each child a picture (polaroid) of himself to take home.

RESOURCES

Books:

The Funny Baby, Hillert, Follett Publishing Company, New York, 1947

Happiness is a Warm Puppy, Charles M. Schulz

Let's Be Friends, Children's Press, U.S.A., 1954

Love is a Special Way of Feeling, Joan Walsh Anglund

Removing Blocks to Mental Health in School, State Education Department, Albany, New York. (Suggested for faculty study of school situations that prevent optimum mental health)

Films:

Big People, Little People, BOCES #831-140, 9 minutes

Elmer Elephant, BOCES #831-283, 8 minutes

Fairness for Beginners, BOCES #831-57, 11 minutes

Free To Be You and Me Series:
- Part I Friendship and Cooperation, BOCES #832-426, 16 minutes
- Part II Expectations, BOCES #832-427, 14 minutes
- Part III Independence, BOCES #832-428, 17 minutes

Getting Along With Others, BOCES #831-10, 11 minutes

I'm Feeling Series:
- I'm Feeling Alone, BOCES #831-395, 8 minutes
- I'm Feeling Sad, BOCES #831-396, 10 minutes
- I'm Feeling Scared, BOCES #831-397, 9 minutes
- I'm Mad at Me, BOCES #831-398, 8 minutes
- I'm Mad at You, BOCES #831-399, 9 minutes

Little Gray Neck, BOCES #832-162, 18 minutes

Three Little Pigs, The, BOCES #831-285, 9 minutes

Ugly Duckling, The, BOCES #831-288, 8 minutes

Kits:

Dimensions of Personality Series, workbook and teacher guide:
Let's Begin, Kindergarten, BOCES #123-5

DUSO Kit I, grades K-2, BOCES #123-17

Moods and Emotions Study Prints, The Child's World, Inc.,
Elgin, Illinois, BOCES #123-19

FAMILY LIFE

OVERVIEW

When children first enter the school setting, they reflect a variety of expressions, reactions, and behaviors. Even though the children have diverse backgrounds, all of them have participated in some sort of family unit. It is this common background of pupil experience that provides a rich opportunity for an exploration of the nature of the family, the differences and similarities between families, and the roles of the individuals within the family unit.

As children become aware of their role in the family, it is important to emphasize the relationship between their own personal growth and development and an increasing sense of responsibility to self and others, both within and outside the family setting. As development continues with mental, emotional, social and physical growth, the child's personal drives, desires, and personality become developed and satisfied. For the handicapped child, this process is more difficult, however. Defining and expressing drives and goals require the ability to express one's abstract ideas verbally. Abandoning the self-centeredness of early childhood requires that the child recognize the value of compromise for the well-being of the society as a whole.

Through this unit, the student should develop attitudes, knowledge, and skills which enable him/her to contribute effectively to his present and future family life.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify major aspects of the continuous life cycle - birth, infancy, childhood, adulthood.
2. Display interest in each member of the family.
3. Observe rules for living that make a happier family life.
4. Recognize basic roles of family members.
5. Develop and maintain satisfactory interpersonal relationships.

MAJOR CONCEPTS

1. There are similarities and differences among living beings.
2. Consideration of others' rights and property is important.
3. Young animals have a need for home, food and parental care.
4. Each of us is a member of a family.
5. Each of us assumes various roles and responsibilities as a member of a family.
6. Adults help children to stay safe, happy, healthy, clothed and fed.
7. Families do many things together.
8. Sharing helps to make the home a happy place.
9. Children make contributions to the family.
10. Some feelings of anger and resentment expressed by brothers and sisters are natural.

CONTENT OUTLINE

I. What is a Family
   A. There are many similarities
   B. There are many differences

II. Family Roles and Contributions
   A. Father
   B. Mother
   C. Children
   D. Extended family members
      1. Grandparent(s)
      2. Aunt(s) and Uncle(s)
      3. Foster children
      4. Etc.

III. Things Families Can Do Together To Share Their Happiness
   A. Tasks around the house
   B. Recreation
   C. Vacation
   D. Etc.

LEARNING AND EVALUATIVE ACTIVITIES

1. Tell a story about family get-togethers, trips, and celebrations.

2. Provide children with picture sheets of family members. Have children cut, color, and paste them in their family albums.

3. Discuss and draw pictures of different types of homes in which people live (small, large, trailers, apartments).

4. Learn games that whole families can play together.

5. Discuss relationships with brothers, sisters, mother, father in home (respecting property, privacy, etc.).

6. Have children bring to school pictures of their own families and discuss.

7. Tell how you help at home; discuss different ways of helping (i.e. manners, smiling, taking turns, sharing, etc.).

8. Provide dolls and costumes for role-playing and free play experience.

9. Make a surprise gift for the parents or the home.

10. Suggest ideas for being mommy's and/or daddy's "helper" on Mother's Day and Father's Day.

11. Raise animal families in the classroom. (Hamsters, mice, fish, rabbits, etc.)

12. Invite a parent with a newborn baby to visit the class.

13. Encourage families and family members to visit and participate in classroom activities.

14. Plan a family outing or party.

15. Ask children many questions about family members and family activities and encourage them to express their feelings regarding these things.

RESOURCES

Books:

Grandmother Dear, Finfer, Wassenberg, Weinberg; Follett Publishing Company, New York, 1967. E F

How Families Live Together, Malcolm Provos; Benefic Press, 1963. 301.42 P

My Family and I, I Can Do It, I Am Here, My Friends and I, all by Muriel Stanek; Benefic Press, Chicago, Illinois, 1967. 301.42 S

Our Family, Burkhardt, McGuinness; Benefic Press, Chicago, Illinois, 1967. 301.42 B

This Is My Family, Howard F. Fehr; Holt, Rinehart and Winston Inc., 1963. E F

Films:

Animals and Their Homes, BOCES #831-13, 11 minutes

Care of Pets, BOCES #832-38, 13 minutes

Chicks and Chickens, BOCES #831-247, 10 minutes

Families, BOCES #831-240, 10 minutes

Farm Babies and Their Mothers, BOCES #831-55, 11 minutes

Farmyard Babies, BOCES #831-56, 11 minutes

Happy Little Hamsters, BOCES #832-99, 13 minutes

What Is A Family, BOCES #831-400, 8 minutes

Miscellaneous Resources:

Dollhouse
Childsize Home Environment
Dress-up Clothes for Family Role Play
Dolls, Blankets, Bottles, etc.
Pliable Family Figures (Creative Playthings)
Family Hand Puppets

A Resource Guide in Sex Education for the Mentally Retarded, Lowell Klappholz, Editor.
A 1971 revision of joint publication by two above organizations. Editor is editor of Physical Education Newsletter, Croftzations. Educational Services, New London, CT. Offers guidelines for helping mentally retarded children and youth in both residential facility or at home in the community; for programs currently underway or those yet to be started. Urges content be integrated with relevant aspects of existing curriculum; recognizes the variety of potential users of the resource, i.e. teachers, parents, counselors, professionals, paraprofessionals. Includes a number of valuable additional resources. Curriculum content organized into four categories: awareness of self, physical changes and understanding of self, peer relationships, and responsibility to society. Sample activities for each category. Write: Director, Project on Recreation and Fitness for the Mentally Retarded, AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036 or SIECUS, 1855 Broadway, New York, New York 10023.

Guidelines on Planning a Training Course on Human Sexuality and the Retarded, Planned Parenthood Association.

Intellectual Level and Sex Role Development in Mentally Retarded Children, H. B. Biller and L. J. Borstelmann, American Journal of Mental Deficiency, 70:443, 1965.

Mental Retardation: A Family Study, E.W. Reed and S.W. Reed, Philadelphia: W.B. Saunders Co., 1965.

"New Directions for the Retarded", Joseph T. Weingold, Journal of Clinical Child Psychology, Vol. II, No I, Winter 1973.

Publications List on MR Sexuality and Sex Education
SIECUS Publications Office
1855 Broadway
New York, New York 10023

Sex Education of the Mentally Retarded Child in the Home by Evalyn S. Gendel, M.D., 1969. Originally presented as a paper to the Council for Exceptional Children in 1968 by chief of school health section. Emphasizes motivational factors. Stresses need for both nonverbal and verbal communication at the child's comprehension level. Generalized discussion of how to impart knowledge of sexuality to mentally retarded child, and importance of parents understanding the development of his sexual feeling to help him make life decisions. Stresses need for parents to seek resources of several disciplines to adequately help child. For availability write to: National Association for Retarded Children, Inc., 2709 Avenue E East, Arlington, Texas 76010

Summary Report of Workshop: Family Life and Sex Education for Teachers of the Mentally Retarded by Edward L. Meyen, 1969. Summarizes workshop in which 42 teachers of mentally retarded considered guidelines for teaching sex education to mentally retarded. Emphasis on individual evaluation of materials, techniques for instruction, not attempt to provide teacher with "cookbook" approach to subject. Helpful guidelines for setting up similar workshops. For availability write to Kansas City Social Health Society, Inc., 406 West 34th St., Suite 412, Kansas City, MO 64111.

Concern for the the environment is new to some children, especially those who have learning handicaps. Some seriously involved children tend to see themselves as the center of the universe and are very self-centered and introspective. For them it is hard to see that everyone, including themselves, must make sacrifices in order to protect an environment "out there."

For some children the environment is confusing. They have sensations from things around them, but their sensations and perceptions are somehow not neurologically unified into a meaningful whole. They may not see that throwing things out of the car window will have a very real effect on the quality of the roadside because for them the thrown objects disappear.

Still other children feel that any environment outside the realm of their immediate experience is threatening, because anything unfamiliar is threatening to them. It is hard to feel a responsibility for the earth when natural forces are perceived as evil and destructive.

How can the special education teacher help? This unit is designed to provide some answers to that question.

If practicing environmental responsibility is new to most children, playing the role of consumer is not. Handicapped children watch television as much if not more than their non-handicapped peers, and if they spend less on worthless food and worthless toys, it is undoubtedly because they have less money available to them. They may passionately believe that Bang Pop Crunchies is a cereal which will make them do well in school and have many friends; and if they don't succeed in convincing their mothers to buy it, they may be preparing to treat themselves to an entire adulthood of worthless breakfasts in revenge.

It is tremendously difficult to make handicapped children recognize false and misleading advertising, and distinguish between useful and effective consumer products and those that may be useless or even harmful. This problem is tied in with the necessity for knowing that it a physical problem exists, one should go to a doctor rather than attempt to cure one's self with non-prescription medicines. Familiarity with those individuals who can really help to protect and maintain health is essential to being a wise health consumer.

OBJECTIVES

1. Create and maintain healthy and safe school, home, and community environments.

2. Be familiar with members of the school and community who work together to maintain safe and healthy surroundings.

3. Explain a very basic concept of neighborhood and environment.

4. Relate that products that are advertised as being fun or tasting good are not always good for one's health.

5. Does not take medication, candy or food without adult supervision.

MAJOR CONCEPTS

1. A neighborhood, part of our environment, is a place to live, play, work, go to school and enjoy.
2. Many people work in different places in the neighborhood to keep us well.
3. We all can be neighborhood helpers.
4. There are ways we can make our neighborhoods and environment safe, healthy and comfortable.
5. Our health is affected by our surroundings (environment).
6. There are ways to protect ourselves against the effects of the environment so we can live in safety, comfort, and good health.
7. Pure food is essential to good health.
8. Some advertised products can be harmful to children.
9. Much health information comes from family and friends.
10. There are people especially trained to keep us healthy.

CONTENT OUTLINE

I. Neighborhoods/Home and School
   A. What is a neighborhood?
   B. What kind of things do we do in our neighborhood?
   C. People that live and work in our neighborhood
   D. What can we do to make our neighborhood a safe and happy place to live?

II. People Who Help in Our Neighborhood
   A. Doctors and nurses
   B. Dentists and dental hygienists
   C. Druggists

III. How Do We Determine What is Reliable and Unreliable Information?
   A. Advertising and its influence
   B. Guidance from parents and community helpers

IV. Safety Precautions for the Young Consumer

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss individual responsibility for keeping lunchroom and playground neat.

2. Discuss and demonstrate the proper use and maintenance of drinking fountains and lavatories.

3. Read books pertaining to child's stay in hospital or film concerning a child's hospital experience.

4. If any children have had experiences in hospitals, a discussion of how they were helped and by whom can be used.

5. Talk about a visit to the dentist.

6. Take the children to visit the cafeteria showing the preparations of food and how the dishes are washed.

7. Discuss: Who are some of the school employees that help to keep us healthy besides the principal and teachers? How does the cafeteria worker help? Does the janitor help? If so, how? The school nurse? Dental hygienist? School doctor? The teacher?

8. Discuss the importance of a clean and bright home, schoolroom, etc.

9. Discuss and demonstrate proper methods for disposing of wastes; make waste baskets for home use.

10. Take a walk around the school "neighborhood." Discuss its many aspects. Discuss ways to keep it healthy - i.e. trash baskets, street sweeper, garbage collection, house and shop cleaning, leaf raking.

11. Designate specific clean up responsibilities to pupils. Demonstrate what would happen if these responsibilities were ignored.

12. Have a clean up day at school and around school grounds.

13. If possible, visit a local doctor's and/or dentist's office and a drug store.

14. Discuss the importance of <u>only</u> taking medication when parents, doctors, or nurses give it to us.

15. Discuss ways in which the doctor is your friend.

16. Visit a real or imaginary supermarket. Look for all the things you can find to help keep us healthy. Talk about those you think are best. Cut pictures of them out of magazines.

RESOURCES

Books:

About Our Friendly Helpers, Hefflefinger and Hoffman; Melmont; 331.7 H 1954.

How Schools Help Us, Hage; Benefic Press; Chicago, Illinois; 370 H 1962.

More Friendly Helpers, Hefflefinger and Hoffman; Melmont; 331.7 H 1954.

Our New Home in the City, Leo Israel; Holt, Rinehart and Winston; N. Y. E I 1963.

You are Here, Sanford, McCall, Cue; Benefic Press, Chicago; 301.42 S 1965.

Kit:

Instructo Puppets: Community Helpers

Puzzles:

Playskool/Judy Wooden Puzzles - Community Helpers

Other:

Toy brooms, dust pans, sweepers, mops, dustcloths
Costumes - doctor, nurse, janitor

SAFETY AND FIRST AID

OVERVIEW

One of the most important problems in modern American life is the vastly increasing number of accidents from all sources. Therefore, it becomes imperative that students be helped to recognize the causes of accidents and how they can be avoided.

The handicapped child must be carefully taught to anticipate the possible results of any action, especially if it involves the use of tools. Teachers must remind themselves of how potentially dangerous many commonly used tools can be in order to remind students to use care in employing them.

The best first aid is preventive, but if an accident does occur, these young children should be reminded to ask for help from an adult instead of trying to put a bandage on themselves.

Many handicapped children can be taught what to do in case of fire. Finally, any child who can speak should be taught his name and phone number, so that if he is lost, authorities can reach the parents.

The challenge to the teacher is to provide the children with the information and skills which will be of most value in emergencies, and in preventing them from occurring.

OBJECTIVES

1. Detect hazards existing in the home, school, and community.
2. Enumerate reasonable safety precautions in daily living and in known hazardous situations.
3. Determine that some accidents are inevitable, but develop an interest in understanding how safe behavior can reduce the possibility of personal involvement, injury or death.
4. Distinguish between safe and potentially hazardous activities.
5. Explain basic functions of various personnel groups which exist to help prevent and handle accidents.

MAJOR CONCEPTS

1. Safe conduct to and from school becomes an individual's responsibility.
2. We should be aware of many different things when we are walking.
3. Play activities are fun, but must be controlled.
4. Courtesy and conduct are important for good school safety.
5. We can assume responsibility for heeding awareness of potential dangers in the home and school.
6. There are community helpers and other school people concerned with our well-being.
7. Knowing what to do can save lives in hazardous situations relating to fire.
8. An understanding of the potential of electricity is important in establishing a safe household atmosphere.
9. There are harmful substances in certain plants, animals and products of which we should become aware.
10. Certain physical factors coupled with carelessness can be responsible for falls, and are a common danger in the home.

CONTENT OUTLINE

I. Traffic and Pedestrian Safety
   A. The safe pedestrian stays with the group (or adult).
   B. The wise automobile passenger wears safety belts and doesn't disturb the driver.

II. School Bus Safety
   A. Safety while waiting for the bus
   B. Safe actions while boarding and riding
   C. Safe behavior when and after leaving the school bus
   D. Emergency bus drills

III. Bicycle Safety
   A. Basic skills for safe operation of a tricycle and or bicycle.

IV. Fire Safety
   A. Fire hazards
   B. The causes of fires
   C. Fire drills at school
   D. Fire protection

V. Home Safety
   A. Falls
   B. Burns
   C. Electricity
   D. Poisons
   E. Animals
   F. Seeking appropriate help in personal emergency.

VI. School Safety
   A. School routine
   B. Handling tools, scissors and other sharp objects
   C. Tripping and roughness
   D. Safe behavior in the lunch room
   E. Safety in the school environment
   F. Safety on the playground
      1. General rules to follow
      2. Swings
      3. Monkey bars
      4. Slides
      5. Running can be safe and fun

VII. Recreational Safety
   A. Sledding
   B. Snowballing
   C. Water safety
   D. Boating
   E. Camping

LEARNING AND EVALUATIVE ACTIVITIES

1. Make bulletin board displays on safety in and around the school.
2. Have the class develop some rules of "safe play" (marbles and other objects kept out of the mouth, nose, ears; not to run with pointed objects; not to throw hard objects).
3. Discuss taking turns.
4. Dramatize what to do if a ball rolls into a street.
5. Draw and discuss pictures of places or things to avoid during play (railroad tracks, bridges, refrigerators, plastic bags, caves).
6. Demonstrate care of minor injury. Discuss importance of adult guidance and reporting all injuries no matter how small.
7. Discuss why an adult should always be present when they are near an open fire.
8. Demonstrate the safe use of candles at celebrations.
9. Visit a fire house.
10. Discuss and practice behavior during a school fire drill.
11. Discuss what could be results of skates, pencils, marbles left on stairs or floors.
12. Demonstrate how to use slides, swings, teeter-totters, etc.
13. Emphasize falling and running hazards.
14. Learn proper and safe use of equipment, materials, such as scissors, tricycle, blocks, wagon, lunch trays.
15. Take a safety tour around the classroom and point out all potential dangers. Do the same outside on the school grounds.
16. Discuss water and boat safety.
17. Discuss what to do in case of a home fire.
18. Discuss the dangers of eating poisonous substances - household products, plants, medicine.
19. Discuss simple safety rules regarding electric light cords, sockets, and use of small appliances.

20. Discuss electrical storm hazards.

21. Discuss how and when animals can be dangerous. Discuss why to leave strange animals alone.

Books:

Bus Safety Curriculum Guides - available through BOCES

Safety Action: Traffic and Pedestrian Safety. A Guide for Teachers in the Elementary Schools, ERIC, Ed 051 164, Delaware State Department of Public Instruction, Dover; Department of Transportation, Washington, D.C., EDRS Price MF-$0.65, HC-$3.29

Films:

Primary Safety: On the Way to School, BOCES #831-378, 11 minutes

Safest Way, The, BOCES #842-53, 20 minutes

HEN:

Fire Safety Materials, BOCES #HN-12 (includes many songs and activities)